Exhibit 4

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 28, 2025

VIA ELECTRONIC MAIL

Dear Health Care Providers, Health Care Risk Managers, and State Medical Boards:

This letter advises you to read with care "Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices" (the Review) published by the U.S. Department of Health and Human Services (HHS) on May 1, 2025. The Review documents the "weak evidence and growing international retreat" (p. 205) from the use of puberty blockers, cross-sex hormones, and surgeries to treat gender dysphoria in minors and the "risk of significant harm" (p. 10). The Review explains that "many treatments (e.g., surgery, hormone therapy) can lead to relatively common and potentially serious long-term adverse effects" (p. 221). Given your "obligation to avoid serious harm" (p. 221) and the findings of the Review, HHS expects you promptly to make the necessary updates to your treatment protocols and training for care for children and adolescents with gender dysphoria to protect them from these harmful interventions.

The Review includes a methodologically rigorous assessment of evidence underpinning the use of surgical or endocrine interventions, including puberty blockers and cross-sex hormones, within the so-called "gender-affirming" model of care, while also drawing on international practice evaluations such as the U.K.'s Cass Review (April 2024). The Review documents serious concerns regarding the lack of reliable evidence of benefits and risks of significant harms for this model of care that have mounted in recent years, and points to psychotherapy (talk therapy) as a noninvasive alternative. As Sweden's national health authority has recommended, "[p]sychosocial support that helps adolescents deal with natal puberty without medication needs to be the first option when choosing care measures" (p. 247).

Providers should avoid relying on the World Professional Association for Transgender Health's (WPATH) *Standards of Care for the Health of Transgender and Gender Diverse People,* Version 8 (SOC-8). As the Review documents in detail, the creation of SOC-8 was fraudulent and marked "a clear departure from the principles of unbiased, evidence-driven clinical guideline development" (p. 172). To wit, in the context of developing its recommendations, WPATH suppressed systematic reviews of evidence, failed to manage conflicts of interest, and relied on legal and political considerations rather than clinical ones (p. 173). Health care risk managers should take note that a recent systematic review of international guideline quality did not recommend either the WPATH or the Endocrine Society guidelines for clinical use after determining they "lack developmental rigour and transparency" (p. 14). These and other guidelines based on the so-called "gender-affirming" model of care should not be relied upon to harm children any further (pg. 141).

In contrast to WPATH SOC-8, the Review employs the tools of evidence-based medicine, widely recognized by health authorities worldwide as the foundation of high-quality care, and assesses the evidence underpinning the use of hormones and surgeries for minors. Specifically, it includes an "umbrella review," an overview of systematic reviews, which "found that the overall quality of evidence concerning the effects of these interventions on psychological outcomes, quality of life, regret, or long-term health, is very low" (p. 13). The Review also notes, based on what is known about human physiology and the effects and mechanisms of the pharmacological agents used, that there are risks of significant harms associated with the uses of puberty blockers, cross-sex hormones, and surgeries, including "infertility/sterility, sexual dysfunction, impaired bone density accrual, adverse cognitive impacts, cardiovascular disease and metabolic disorders, psychiatric disorders, surgical complications, and regret" (p. 10).

The Hippocratic Oath lays down the foundational commitment for the medical profession: "First, do no harm." The Review makes clear that "the evidence for benefit of pediatric medical transition is very uncertain, while the evidence for harm is less uncertain" (p. 15). For this reason, the Review states that when "medical interventions pose unnecessary, disproportionate risks of harm, healthcare providers should refuse to offer them even when they are preferred, requested, or demanded by patients" (ibid.).

The findings of the Review align with those of European countries, such as Sweden, Finland, and England, which have "sharply restricted" access to these interventions for minors following systematic reviews of evidence commissioned by their public health authorities, concluding that the risks outweighed the benefits (p. 246).

Health care providers are reminded, as the Centers for Medicare and Medicaid Services wrote in a Quality & Safety Special Alert memo on March 5, 2025, that "it is of utmost importance that all providers follow the highest standards of care and adhere closely to the foundational principles of medicine, especially as it comes to America's children." To this end, HHS published guidance on April 14, 2025, to protect whistleblowers who make reports concerning these harmful interventions for minors, including for waste, fraud, and abuse in HHS-funded programs, and created a portal to receive complaints at www.hhs.gov/protect-kids. HHS is committed to protecting whistleblowers to the full extent of the law. HHS may soon undertake new policies and oversight actions, consistent with applicable law, to ensure the protection of children, and to hold providers that harm children accountable.

Again, I urge you to read the Review and expect you to update your treatment protocols and training to ensure that our nation's children are protected from harm.

Sincerely,

/s/

Robert F. Kennedy, Jr.

Attachment: "Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices," U.S. Department of Health and Human Services, May 1, 2025, https://opa.hhs.gov/gender-dysphoria-report